

CCC-501A
(12-14-99)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

1. PROGRAM YEAR

2. COUNTY AND STATE

MEMBER'S INFORMATION

NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The Agriculture Act of 1949, as amended, and the Food Security Act of 1985, as amended, authorize the collection of the data on this form which will be used in applying statutory payment eligibility and limitation provisions. Furnishing this data is voluntary; however, without it we may be unable to establish your maximum eligibility for program payments. This data may be furnished to any agency responsible for enforcing these provisions.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0096. The time required to complete this information collection is estimated to range from 20 minutes to 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

PART A - For each individual or entity who is a member of this entity, list the member's name, social security/employer identification number, address, and percentage share of ownership. If a member has both types of identification numbers, list both.

ENTITY NAME _____

3. MEMBER'S NAME	4. SOCIAL SECURITY/EMPLOYER IDENTIFICATION NUMBER	5. ADDRESS	6. PERCENT SHARE
			%
			%
			%
			%
			%

PART B - Embedded Entities: For any member listed in Item A, who is an entity, list such embedded entity's name and list the requested, information for each member of such entity. If a member has both types of identification numbers, list both. If more than one member, listed in Item A is an entity, provide the requested information for each entity on supplemental sheets.

EMBEDDED ENTITY NAME _____

7. MEMBER'S NAME	8. SOCIAL SECURITY/EMPLOYER IDENTIFICATION NUMBER	9. ADDRESS	10. PERCENT SHARE
			%
			%
			%
			%
			%

PART C - Embedded Entities: For any member listed in Item B, who is an entity, list such embedded entity's name and list the requested, information for each member of such entity. If a member has both types of identification numbers, list both. If more than one member, listed in Item B is an entity, provide the requested information for each entity on supplemental sheets.

EMBEDDED ENTITY NAME _____

11. MEMBER'S NAME	12. SOCIAL SECURITY/EMPLOYER IDENTIFICATION NUMBER	13. ADDRESS	14. PERCENT SHARE
			%
			%
			%
			%
			%

PART D - Embedded Entities: For any member listed in Item C, who is an entity, list such embedded entity's name and list the information for each member of such entity. If a member has both types of identification numbers, list both. If more than one member, listed in Item C is an entity, provide the requested information for each entity on supplemental sheets.

EMBEDDED ENTITY NAME _____

15. MEMBER'S NAME	16. SOCIAL SECURITY/EMPLOYER IDENTIFICATION NUMBER	17. ADDRESS	18. PERCENT SHARE
			%
			%
			%
			%
			%

PART E- Embedded Entities: For any member listed in Item D, who is an entity, list such embedded entity's name and list the requested, information for each member of such entity. If a member has both types of identification numbers, list both. If more than one member, listed in Item D is an entity, provide the requested information for each entity on supplemental sheets.

EMBEDDED ENTITY NAME _____

19. MEMBER'S NAME	20. SOCIAL SECURITY/EMPLOYER IDENTIFICATION NUMBER	21. ADDRESS	22. PERCENT SHARE
			%
			%
			%
			%
			%

PART F- List the following information for an individual who has more than a 50 percent ownership share in any further embedded entity.

EMBEDDED ENTITY NAME _____

23. MEMBER'S NAME	24. SOCIAL SECURITY/EMPLOYER IDENTIFICATION NUMBER	25. ADDRESS	26. PERCENT SHARE
			%
			%

EMBEDDED ENTITY NAME _____

27. MEMBER'S NAME	28. SOCIAL SECURITY/EMPLOYER IDENTIFICATION NUMBER	29. ADDRESS	30. PERCENT SHARE
			%
			%

PART G- CERTIFICATION

I certify that all the information entered on this document is true and correct. I understand furnishing incorrect information will result in forfeiture of payments and the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in the information provided.

31. REPRESENTATIVE'S SIGNATURE OF PAYMENT ENTITY	32. TITLE	33. DATE (MM-DD-YYYY)